



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

IDENTIFICATION &amp; LOCATION

VEHICLE, DRIVER, &amp; PERSONS

VEHICLE, DRIVER, &amp; PERSONS

VEHICLE, DRIVER, &amp; PERSONS

*Crash Date (MM/DD/YYYY) 03 / 26 / 2018	*Crash Time (24HRMM) 1253	Case ID 18-08414	Local Use
--	------------------------------	---------------------	-----------

*County Name TRAVIS	*City Name	<input checked="" type="checkbox"/> Outside City Limit
------------------------	---------------	---

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees) 30.44072	Longitude — (decimal degrees) 097.069336
---	--	---

## ROAD ON WHICH CRASH OCCURRED

*1 Rdwy. Sys. PV	*Hwy. Num.	2 Rdwy. Part 98	Block Num. 3101	3 Street Prefix W	* Street Name WELLS BRANCH	4 Street Suffix PKWY
<input checked="" type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 5	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc. PARKING LOT	

## INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2. Rdwy. Part 1	Block Num. 3100	3 Street Prefix W	Street Name WELLS BRANCH	4 Street Suffix PKWY
Distance from Int. or Ref. Marker 100	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc.	RRX Num.		

Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. JWH7782	VIN 3C6TRVAG0J104080
----------------	-------------------	--	---	----------------	--------------------	----------------------

Veh. Year 2018	6. Veh. Color WHI	Veh. Make DODGE	Veh. Model RAM 1500	7 Body Style VN	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
-------------------	----------------------	--------------------	------------------------	--------------------	---

8 DL/ID Type 1	DL/ID State CA	DL/ID Num. B3329801	9 DL Class 98	10 CDL End. 96	11 DL Rest. 98	DOB (MM/DD/YYYY) 10/28/1975
-------------------	-------------------	------------------------	------------------	-------------------	-------------------	--------------------------------

Address (Street,  
City, State, ZIP) 3009 TALLWOOD DR KILLEEN, TX 76549

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	EVINGER, RESTY M	N	42	H	2	1	1	1	97	N	96		96	97	97
2	2	3	IRANTIJE, DON	N	41	B	1	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address EAN HOLDINGS, LLC, 14002 E 21ST #1500 ST TULSA, OK 74134
--	---

Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Name INSGROUP INC, LLC	Fin. Resp. Num. CA018121P2017
---	---	-------------------------	--------------------------------------	----------------------------------

Fin. Resp. Phone Num. 713-541-7272	27 Vehicle Damage Rating 1 11-F-0	27 Vehicle Damage Rating 2 -	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------------	---------------------------------	---

Towed By NA	Towed To NA
----------------	----------------

Unit Num. 2	5 Unit Desc. 4	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
----------------	-------------------	--	---	-------------	------------	-----

Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
--------------	------------------	--------------	---------------	-----------------	---

8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 08332716	9 DL Class C	10 CDL End. 96	11 DL Rest. A	DOB (MM/DD/YYYY) 11/10/1955
-------------------	-------------------	------------------------	-----------------	-------------------	------------------	--------------------------------

Address (Street,  
City, State, ZIP) 3300 KILLINGSWORTH LN PFLUGERVILLE, TX 786600000

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	4	16	DURAN, JULIA BARRERA	B	62	W	2	97	97	97	97	N	96		96	97	97
													Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				

<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address
---	--------------------------------

Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
--	---	-----------------------	--------------------	--------------------

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1 -	27 Vehicle Damage Rating 2 -	Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	---------------------------------	---------------------------------	--

Towed By	Towed To
-------------	-------------

Copy from Custodial File



Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)		Case ID 18-08414	TxDOT Crash ID 16322367.1/2018130250		Page 2 of 2															
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)											
	2	1	ST DAVIDS ROUND ROCK		MED221															
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.											
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address													
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.											
	Carrier's Corp. Name			Carrier's Primary Addr.						30 Veh. Type										
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type											
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodel Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles											
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions											
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
	1	36		48						1	1	97	1	2	1	96				
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									
	UNIT 1 PARKED (BACKED IN) IN PARKING SPOT FACING EAST ACROSS FROM THE MAIN OFFICE AT 3101 W WELLS BRANCH PKWY. UNIT 2 WALKING TO HER VEHICLE WHICH WAS PARKED JUST SOUTH OF UNIT 1. UNIT 1 PULLED OUT, FAILED TO YIELD RIGHT OF WAY TO PEDESTRIAN, AND COLLIDED WITH UNIT 2. UNIT 2 FELL TO THE GROUND BACKWARDS AND STRUCK HER HEAD ON THE ASPHALT. DRIVER OF UNIT 1 ADVISED THERE WERE SOME PACKAGES (AMAZON DELIVERY DRIVER) IN THE FRONT DASH AND SHE NEVER SAW UNIT 2 WALKING. I DID OBSERVE MULTIPLE PACKAGES ON THE FRONT DASH ABOVE THE STEERING WHEEL WHICH COULD HAVE OBSTRUCTED VIEW. PHOTOS TAKEN. WITNESS: MICHAEL MCBRIDE- 512-416-9146 WAS WALKING PAST THE APT COMPLEX. OBSERVED WHITE TRUCK PULL OUT OF SPOT STRIKING THE FEMALE. OBSERVED FEMALE STRIKE GROUND																			
INVESTIGATOR	Time Notified (24HR:MM)		1	2	5	3	How Notified		Radio Dispatch		Time Arrived (24HRMM)		1	2	5	4	Report Date (MM/DD/YYYY)		03 / 26 / 2018	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) JAKEL, C										ID Num.		4809					
	ORI Num.	T	X	2	2	7	0	0	0	0	*Agency		TRAVIS COUNTY SHERIFF'S OFFICE		Service/Region/DA		B	1	0	